

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-859)

SERIAL NO.
101048, 063
APPLICANT

FILED DATE

6-4-03 CLAIMS

NUMBER	AFTER ONE AMENDMENT		AFTER ONE AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICATION

FILING DATE

10/10/48, 063

2

5-11-04 11-17-05

CLAIMS

NUMBER	BEFORE		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1			1		
7	1		1			
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	1			1		
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TOTAL IND.	4	1	2	1		
TOTAL DEP.	13	1	18	1		
TOTAL CLAIMS	17	20				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS